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TO: Legislative Oversight Committee Members
MH/DD/SAS Commission
Consumer/Family Advisory Committee Chairs
Advocacy Organizations and Groups
North Carolina Association of County Commissioners
County Managers
County Manager Chairs
North Carolina Council of Community Programs
Area Program Directors
Area Program Board Chairs
Provider Organizations
MH/DD/SAS Professional Organizations and Groups
MH/DD/SAS Stakeholder Organizations and Groups
Other MH/DD/SAS Stakeholders

FROM: Richard J. Visingardi, Ph.D.

RE: Exit Communiqué

As I prepare to exit from the state of North Carolina and my role as the Director of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, I want to take this opportunity to reflect on this experience.

I was hired to be a key leader in implementing the statutorily required state mental health, developmental disabilities and substance abuse reform effort. There are a couple of realities in this. First, ***I am a key leader, not the leader.*** The reform effort in this state has many leaders in our state and community systems, in the public and private sectors and, particularly, people with disabilities, their families and communities. Second, ***the reform effort is a requirement of law.*** In accepting this public leadership role I was required to implement the law.

When I decided to apply for this job, I looked to the reform statute as well as what was happening nationally and I liked what I saw they were trying to do in North Carolina. I believe there were three key factors that led to the state's decision to hire me. First, there was a desire to bring in an "outsider" for the first developmental stage of reform-- someone with no history that may hamper bringing folks together. Second, they wanted someone who had experience in leading systems through the initial stage of substantial planned change. Third, they wanted someone with relevant successful community experience. I fit the bill on all three parts.

As an "outsider", I came here from Michigan. As newspaper articles in Michigan began to speak of problems in their mental health system, some folks alleged that I was importing their system to North Carolina. There are three points of commonality between the Michigan and North Carolina models: (1) person-centered planning, (2) development of a comprehensive community system, and (3) providing a

method for state facility funds to transfer to the community as planned census reductions at said facilities take place. Person-centered planning results in the development of a ***real life plan with real life outcomes***. It places the person with the disability at the center of the process as people, including family, friends and professionals, work through the ways we can be supportive of an individual living their lives. Development of a comprehensive community system is intended to put in place and maintain a variety of supports and services that are needed to ***best support the lives of people with disabilities, their families and communities***. The movement of state facility funds to the community as said facilities get smaller is intended to ***ensure the financial sustainability of the comprehensive community system***. These points of commonality are actually shared with many if not all of the states. These points of commonality are also a challenge to all systems.

The points of divergence in the Michigan and North Carolina models are extensive. Historical developments of the community system as well as cultural influences are unique to each state. As related to a comparison with the current reform efforts in North Carolina, the Michigan local public community systems was not required to divest of services nor were they required to merge or consolidate into fewer systems. The Michigan community system was required to form affiliations in some areas due to the way the Medicaid program is structured—another major difference. The development of community capacity as a planned response to state facility demand reductions is also markedly different. For example, there are less than 200 people with developmental disabilities residing in Michigan state operated facilities while there are over 1,500 folks residing in such institutions in North Carolina.

Both states, as well as the entire country, are faced with the continuous demand of being more effective. We are learning a great deal about the wonderful leadership abilities of people with disabilities and their families as well as new ways to view, approach and serve these citizens. Simultaneously, we are faced with the continuous challenge of being more efficient. We are asked to use scarce public resource in a manner that we can better assure that they are being used in the best possible manner—that we are making a measurable and positive difference.

The reform effort in North Carolina is indeed difficult. We may be the only state that is taking on the change process in a comprehensive manner. This is “good” because fixing only one part at a time in a system that has interrelated parts will not ultimately render a system where all of the parts are aligned in such a manner that it will work well together. This is problematic due to the fact that many of the system stakeholders only are interested in, understand and/or value certain “parts” as opposed to the overall system itself. The comprehensive change is “bad”, as it requires virtually the entire system to develop a new foundation and related competencies in such a massive manner. Realizing and acting in a manner that reflects the transitional nature of the change effort mitigate the “bad”. This is going to be a long-term change process that will require an adherence to the vision but an allowance for both flexibility and adjustments along the way.

The North Carolina model has a couple of key central aspects. The local public system, the Area Programs, are evolving to community systems managers rather than providing direct services. In this role, they will be responsible for such things as making sure people needing services are able to gain access, ensuring that there are an adequate number of quality people and organizations providing services, approving and monitoring the delivery of services and working as part of the overall community. Of course, the ability for the local public system to move away from their service delivery role will depend on the continued emergence of private providers who are willing to make a sustained commitment to the people served and the community to provide high quality, effective and efficient services. The people and organizations providing services will be required to deliver services that are known to produce intended positive outcomes and meet the satisfaction of the recipients. The on-going evolution of this change process will ultimately find the local public system assuming a community public policy leadership role and the expansion of service provider choice opportunities for people with disabilities. Overall, the model is intended to put people with disabilities, their families and communities first and foremost.

There are many challenges and opportunities that are in your future. For example, ensuring the development of community resources and supports so that people who currently reside in state institutions enjoy the **full rights of citizenship** that comes with being a member of our communities. There will be struggles along the way, however, it is imperative that we work through these challenges rather than simply continue depriving people of their constitutionally guaranteed freedom. Also, we need to make sure that there are adequate qualified private sector service providers as we move away from the public service delivery system. This will also pose great challenges, however, we must ensure that there are opportunities for a more robust service delivery system.

I leave knowing that in a public leadership role people canonize as well as demonize you—there will be people sad or glad as well as indifferent to my leaving. I leave in sincere appreciation to **all of the citizens of this great state**. It has been an honor to have been a citizen as well as to have served the state of North Carolina. You are in good hands with the new Director, a native son of this state. I wish the new Director and you well in the challenges and celebration that will continuously be present in the reform efforts. **Be focused** on what should and can be, **be informed** even if it challenges you, **be involved** so that you may influence change and **be courageous** and lead.

RJV

cc: Secretary Carmen Hooker Odom
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